



____ Kinder Camp 4-5yrs
 ____ Camp Awala 6-9yrs
 ____ Teen Camp 10-14yrs

ADMISSION DATE: _____
Calhoun County YMCA
Summer Camp Registration 2020

General Information

Operation's Name: Calhoun County YMCA Summer Camp

Director's Name: Michele Morales

Child's Full Name: _____ Date of Birth: _____
Last First M.I.

Child's Home Address: _____
Street Address Apartment/Unit #

Child lives with: Both Parents Mom Dad Guardian *State ZIP Code*

Name of Parent or Guardian Completing Form: _____
Last First M.I.

Address: _____
 (if different from child's) *Street Address Apartment/Unit #*

City State ZIP Code

List Telephone Numbers where parents/guardian may be reached while child is in care:

Parent 1 Telephone No. _____ Parent 2 Telephone No. _____
 Guardian's Telephone No. _____ Custody Documents on File: Yes No

Give the name, address, and phone number of the responsible individual **to call** in case of an emergency if parents/guardian cannot be reached:

_____ Phone: _____
Last First M.I.

Street Address Apartment/Unit #

City State ZIP Code

I authorize the child care operation **to release** my child to leave the child care operation **ONLY** with the following person(s). List name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after the verification of I.D.

Name & Phone No.		Name & Phone No.		Name & Phone No.	
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Consent Information

CHECK ALL THAT APPLY:

1. TRANSPORTATION

I give consent for my child to be transported and supervised by the operation's employees:

for emergency care on field trips to and from home to and from school

2. FIELD TRIPS

I give consent for my child to participate in the following water activities:

water table play sprinkler play splashing/wading pools swimming pools aquatic playgrounds

3. PHOTO

I give consent for my child to be photographed during YMCA Summer Camp: Yes No

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facility's operational policies, including those for:

- | | |
|--|--|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Procedures for release of children | <input type="checkbox"/> Meals and food services practices |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Procedures for parents to discuss concerns with Director |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website |

5. MEALS

I understand that the following meals will be served to my child while in care Yes No

Afternoon snack Summer Free Lunch Program

6. DAYS AND TIMES IN CARE

My child is normally in care on the following days:

Monday Tuesday Wednesday Thursday Friday
During the hours of: _____ am pm **thru** _____ am pm

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____ Phone Number _____
Address: _____

Name of Emergency Care Facility: _____
Address: _____
Phone Number: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature – Parent or Legal Guardian : _____

Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

PLEASE PROVIDE WRITTEN DOCUMENTATION FROM DOCTOR

Does your child have diagnosed food allergies: Yes No Plan submitted on: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature – Parent or Legal Guardian : _____

School Age Children

My child attends the following school:

Name of School: _____ School Phone No, _____

My child has permission to (Check all that apply):

ride a bus be released to the care of his/her sibling under 18 years old

Other: _____

Authorized pick up/drop off locations other than the child's address:

Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at www.dshs.state.tx.us/immuniz/public.shtm.

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

DFPS values your privacy. For more information, read the Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

Signatures

Child's Parent or Legal Guardian:

Date Signed:

X _____

Center Designee:

Date Signed:

X _____

PAYMENT OPTIONS

****Tuition fees are due each Friday for the following week of care****

Payment Options:

Cash/Check Payments

Automatic Withdrawal from Bank Account or Major Credit Card

Checking Savings Credit Card

Name on account: _____ Name of Bank: _____

Routing Number: _____ Acct Number: _____

Credit Card Type:



Credit Card Number: _____ Exp. Date: _____ Sec Code: _____

I understand that if I wish to terminate or change my child care and/or payments in any way, I must give a two-week notice, on either the 1st or the 15th of the month.

Signature of person responsible for payments:

Date Signed:

X _____

DISCIPLINE AND GUIDANCE POLICY

Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

ADDITIONAL DISCIPLINE AND GUIDANCE MEASURES

(Only applies to BAP/SAP programs that operate under Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- 1) Ensure that the measures are considered commonly accepted teaching or training techniques;
- 2) Describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - a) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - b) What behaviors would warrant the use of these measures; and
 - c) The maximum amount of time the measures would be imposed;
- 3) Inform parents that they have the right to ask for additional information; and
- 4) Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code 261.001 and Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

SIGNATURE

This policy is effective the following date and signed by:

Child's Parent or Legal Guardian:

Date Signed:

X _____

Minimum Standards Related to Discipline

Title 40, Chapter 746 Subchapter L:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y)

Title 40, Chapter 747 Subchapter L:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y)

Title 40, Chapter 744 Subchapter G:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y)